

CAP-MR/DD WAIVER TRANSITION
QUESTION AND ANSWER # 6
August 2, 2005

Provider Enrollment-Certification Letter from LME	How can LMEs provide a letter insuring health and safety for an AFL when there has been no visit to the home?	LMEs are responsible as Lead Agency for the CAP-MR/DD waiver for ensuring the health and safety of consumers on the waiver. The AFL homes for which the LME will be providing a certification letter must have a site visit/health and safety review by Dec. 1, 2005.
Cost Summary	The 7/26/05 Q & A document refers to the Cost Summary as a tool to assist the LME in tracking waiver allocation dollars. We have always been used to services being authorized and monitored strictly according to the Cost Summary vs. the Cost Summary being used as an average.	As noted previously, the Cost Summary is a tool to assist the LME in tracking waiver dollars. Service orders should be written according to the Plan of Care and the duration and frequency of services noted in the Plan.
Cost Summary	Do the second and third level review of Plans of Care apply to the transition Cost Summaries?	For the transition only , the third level reviews for plans over \$85,000 will not be required. The third level review will apply for CNR. During the transition, a second level review will be required for budgets over \$50,000.
Cost Summary	The service of Day Supports-Specialized Childcare is not on the drop down menu of the posted Cost Summary; however, it is listed in Appendix G, Page 86 of the draft Manual. Should it be on the Cost Summary?	No. This service was posted in the Manual in error and will be removed from the Manual.
Continued Need Reviews	The new Checklist for Plans of Care in the draft Manual includes a current psychological for annual Plans of Care or CNR. Is this really required?	A psychological evaluation must be available for all individuals within the developmental disability target population and must include an adaptive behavior assessment. For children the evaluation must be within one year and for adults within three. This applies to initials only. This will be corrected in the checklist.

**CAP-MR/DD WAIVER TRANSITION
QUESTION AND ANSWER # 6
August 2, 2005**

Residential Supports	May the Residential Supports provider provide supports in the community?	See draft waiver Manual, section 4.6.12. This service provides assistance, support, supervision, and monitoring that allow individuals to participate in home or community activities. Individuals living in licensed settings or unlicensed AFLs may use this service to provide habilitation and support in community living activities such as shopping and leisure activities in the community not related to meeting their day programming needs.
Respite	May Respite be provided in the community or must it only be provided in the residence of the waiver participant?	Respite may be provided during activities such as a community outing.
Targeted Case Management	My understanding is that a provider agency may not provide TCM and any other "Medicaid" service to the same individual? What about services that have different funding sources, such as services funded with state dollars such as ADVP or SE?	The service definition does not specify funding source. Therefore, a provider of TCM may not provide any other direct service to the same individual, with the exception of Diagnostic Assessment.
Targeted Case Management	We have affiliate residential programs that have individuals living in DDA or supported apartments that receive no other service other than the residential service. Can the residential provider also provide the TCM?	See above response.
Targeted Case Management	We have an affiliate who is developing a spin off agency to provide case management. Would this spin off agency be allowed to provide TCM to individuals for whom they are providing residential services or Developmental Therapy?	See above response.

CAP-MR/DD WAIVER TRANSITION
QUESTION AND ANSWER # 6
August 2, 2005

New Waiver	Will the same competency components be used in the privileging process as in the past?	See draft Manual, provider qualifications, appendix L. Worker qualifications and competencies are based on rule and client specific competencies as identified in the person centered plan.
Service Definitions- Home and Community Supports	Will there be a required combination of Home and Community Supports and Personal Care?	No. What the person receives is based on need as outlined in the person centered plan.
Service Definitions- Respite	May respite be provided in the community, or in the home of the direct care staff in case of extended hours?	It is possible that non-institutional respite may be provided in the community such as when going to the park or some other community outing. Whether or not respite is provided in the home of direct care staff is determined based on the policy of the provider agency and the preferences of the individual/family.
Service Definitions- Residential Supports	May Residential Supports be provided by a CAP provider agency if they do not have licensed group homes?	Residential Supports is intended to provide hab, support, and personal care for individuals living in licensed residential settings or unlicensed AFLs. For licensed residential settings it is expected that the licensed provider will provide the service. Therefore, if a provider does not have licensed group settings or unlicensed AFL it is not expected that they will enroll for and provide the service.

CAP-MR/DD WAIVER TRANSITION
QUESTION AND ANSWER # 6
August 2, 2005

Service Definitions- Personal Care	Does Personal Care require supervision by an RN?	Only if it is provided by a home care agency.
Service Definitions- Home and Community Supports	Can Home and Community Supports be provided along with Residential Supports?	HCS may be provided to individuals who live in licensed residential settings or unlicensed AFLs ONLY in order to meet the day programming needs of the individual who has chosen not to receive their day programming through a licensed day facility.
Waiver Services- Individual vs. Group	The criteria for group vs individual services says that individuals must be paired with 2 or more waiver participants. May waiver participants be paired with non-waiver participants to received group services?	Yes. The Manual will be revised to reflect this clarification.
Waiver Services- Training	Will there be trainings available for provider agencies on the new waiver service definitions?	Training is currently being developed for the waiver service definitions.